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CHARLOTTE, NC 20200-4000				Tamara Stevens (Depositor's name)		
		•	<u>                                   </u>	HOTHWOLL AND TOP		(Signature)
				october 25	2006	(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/020,974 12/19/2001 Alan Johnson 042933/301879 1182 TITLE OF INVENTION: ANTENNA						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/27/2006
EXAMI		ART UNIT	CLASS-SUBCLASS			
RAMAKRISHNAIAH, MELUR		2614	455-550000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Nokia Corporation  Espoo, Finland						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🎞 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) at XX Issue Fee XX Publication Fee (No ☐ Advance Order - #	small entity discount p		D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.  XXI The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0005 (enclose an extra copy of this form).			
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.						

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